



2018 Illinois Youth Soccer TOPSoccer® Coach of the Year Nomination Form

Requirements to apply:

An individual may be nominated and selected as the TOPSoccer Coach of the Year for extraordinary accomplishments as a TOPSoccer Coach if the individual, in carrying out the Illinois Youth Soccer TOPSoccer program and its events and activities—

- (1) Has demonstrated patience, understanding, dependability, flexibility, and ability to adjust to ever-changing on-field situations;
- (2) Has proven to be an invaluable volunteer who facilitates the Program by filling many roles, including being a coach, a cheerleader, a role model, and administrator.
- (3) Has provided leadership and support,
- (4) Is cognizant of player safety while, guiding, directing, teaching the game of soccer and its skills, and creating a fun and learning experience.
- (5) Is at least age 19 or older?

State Association: Illinois

Complete home address and phone numbers are required. Please TYPE or PRINT LEGIBLY.

Nominee's Name:

* PRINT nominee's name EXACTLY as it is to appear on the certificate.

Address:

City:

State:

Zip:

Email:

Phone (area code):

Occupation:

TOPSoccer Program:

Criteria:

Responses to each of the following 3 criterions should be kept to a **maximum** of 400 words and attached on a separate sheet.

1) Involvement with TOPSoccer and community:

How and when did the nominated Coach get involved with TOPSoccer? What impact has he or she had on the local program? Has the TOPSoccer Coach demonstrated leadership within the community? How so? What other activities is the Coach involved in?

2) Promoting TOPSoccer:

What steps has the TOPSoccer Coach taken to further advance the program? Does the TOPSoccer Coach participate in soccer outside his or her position as a TOPSoccer Coach (i.e. playing or refereeing)? Has the Coach created relationships within the community to promote TOPSoccer? Give examples.

3) Moral and Ethical Character:

Does the TOPSoccer Coach share similar values to those of US Youth Soccer and its' members? How has the TOPSoccer Coach's involvement with TOPSoccer shaped his/her character?

Nominator Name:

Relation to Nominee:

Phone (area code):

Email:

Address:

City:

State:

Zip:

Entries for consideration should be emailed to chrisj@illinoisyouthsoccer.org NOT LATER THAN OCTOBER 1.

Your completed nomination should include only the a) completed nomination form & b) supporting documents. No more than 3 letters of recommendation should be included. Others will be discarded. The winners of each of the 55 State Associations will be forwarded for regional nomination and possible national nomination as the 2018 US Youth Soccer TOPSoccer Coach of the Year.

Subject to change